

South Dakota Advisory Council for Children with Disabilities

Advisory Panel Application Form

(Print or Type)

Name _____ Date _____ (Last)
(First) (Middle)
Mrs. Ms. Mr. Dr.

Gender: F M

E-Mail _____

Address _____

_____ Zip _____

Day phone _____

Evening phone _____

Fax _____

Occupation _____

Employed by _____

1 Have you ever served on an advisory panel for the State of South Dakota?

Yes No If yes, on which panel(s) and in which year(s) did you serve?

2 Check all that apply:

I would like to be considered as a panelist for the upcoming term on the State Advisory Panel.
(A term is for 3 years).

(If you checked this one, your panelist form must be at the South Dakota Department of Education by May 30, 2008)

I would like to be considered as a panelist for future panels.

3 Using the codes below, record your *primary* area of expertise in the area of disabilities

(Check all that apply):

[A] Parent of a child with a disability

[B] Individual with a Disability

[C] Teacher

[D] Educator, post-secondary

[E] Transition Provider

[F] Board Member

[G] Administrator

[H] Advocate

[I] Representative of Private School.

[J] Representative from the State juvenile and adult corrections agencies.

[K] Other (specify)

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4 Check the following that best describes you (*for national reporting purposes—optional*):

Asian

Black/African American

Hispanic/Latino

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

White (not Hispanic)

Other (specify) _____

5 Applicants with disabilities, please list any specific accommodations needed at meetings

6 If you know of other qualified individuals who would be interested in serving on this panel, we would be happy to send them an application form. Please indicate name(s) and addresses below.
